

**UTAH DEPARTMENT OF AGRICULTURE & FOOD
FISH HEALTH PROGRAM**

350 North Redwood Road
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Salt Lake City UT 84114-6500

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AQUACULTURE FACILITY

**Annual Report of Sale or Transfer
of Live and/or Dead Aquatic Animals *FROM YOUR* Facility**

Calendar Year _____ Certificate of Registration Number _____

Owner's Name _____ Fish Health Approval Number (for live fish only) _____

Installation Name _____

Address _____

Location of installation (if other than above) _____

DATE SOLD/ TRANSFERRED	NAME & ADDRESS of BUYER	COR #	NUMBER, SIZE, SPECIES and WEIGHT	LIVE	DEAD

Signature _____ Date _____

Please duplicate this sheet as necessary.
AG-334 3/14/00